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I hereby apply to withdraw as attorney or agent for the above identified application.
The reasons for this request are: Failure to pay for legal services rendered and failure to reimburse expens

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1.		The correspondence	address is NOT	affected by	this withdrawal
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2. A Change the correspondence address and direct all future correspondence to:

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This request is enclosed in triplicate.

Name Michael B. McNeil Reg. No. 35,949 Signature 01/14/02 Date

NOTE: Withdrawal is effective when approved rather than when received Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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